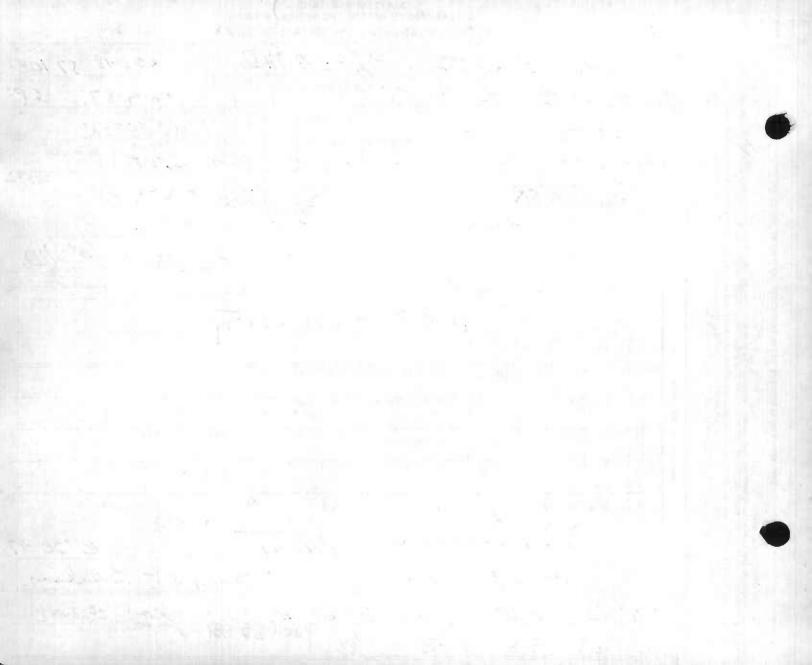
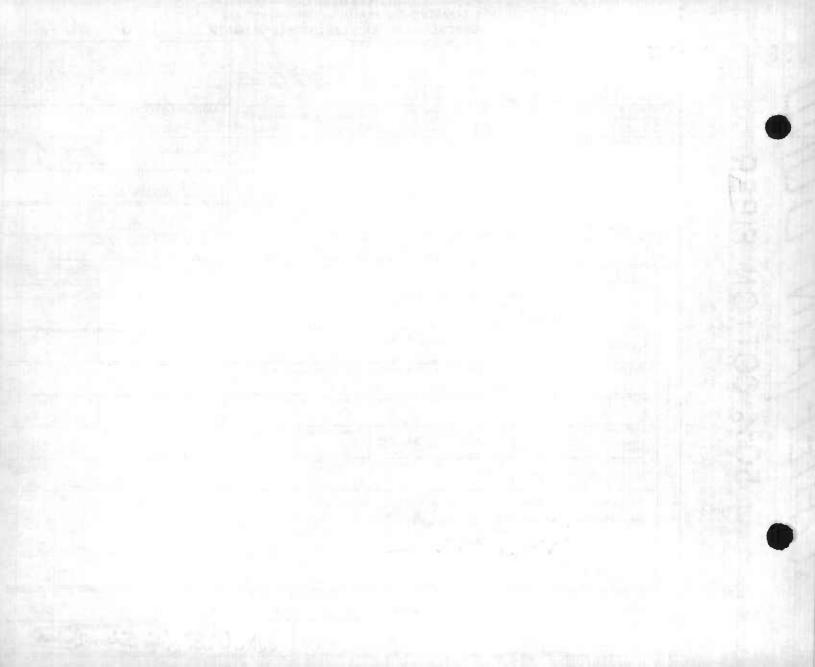
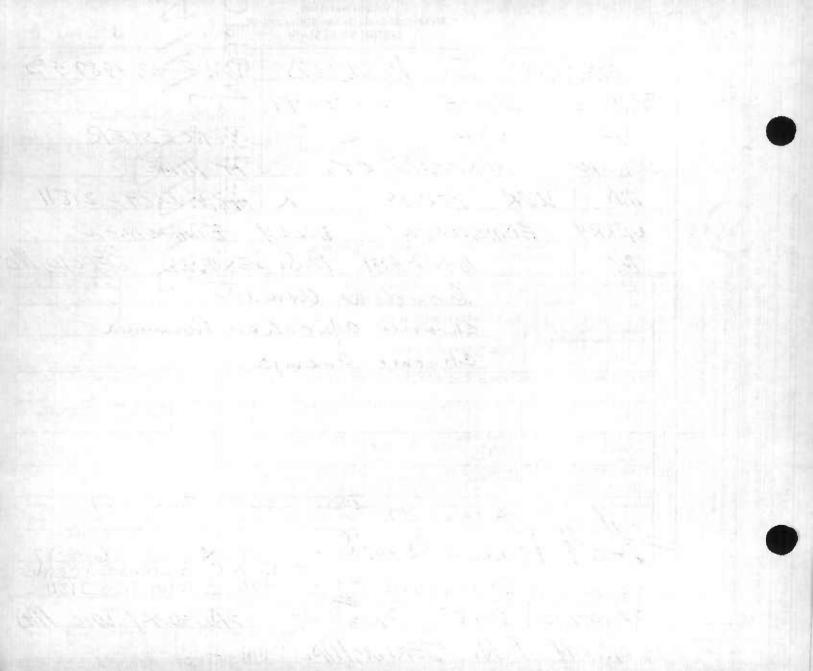
		1	FOR	STATE OF MARYLAND	
5.7	9 1 6 1111	J-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO 8	5 0 6
01	O LO JUM	1.0	REGISTRAR FIRST	NEO. 110	7 0 0
			CEASED NAME FIRST		DAY YEAR 26. HOUR
	EASE TOR. FILES. OURS REET,		EIIKL	ROLAND BREES, TH. D. DEATH MATED & O 6 -	18 187 10PM
	PLE. FOLL STRE	3. SE	4. RACE	S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IPUNDER 24 HRS. 2t. DATE MONTH MONTH DAY YEAR LAST BIRTHOW) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d. HOUR
	SSARY, PLEASE ALL DIRECTOR. ALL YOUR FILES. HIN 72 HOURS STON STREET,	11	ALE WAITE	1-7-29 .58rs. DEAD 06-19-8	7 19 6 PM
	CESSARY VERAL DII OR YOU IITHIN 72		RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	OF DEATH
	MECESS OR THE	10.0	M135	USA WIDOWED DIVORCED WORCESTE	ER MD.
		0	CEAN CITY	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY ONE STREET ADDRESS) AND LIDER 120. USUAL OCCUPATION (TYPE OF WORK) FOR MOST OF WORKING USA)	OR INDUSTRY
			TATE AA A 1136 COUN	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. CUTY OR TOWN 13dd. INSIDE (ITY LIMITS? 13e. STREET ADDRESS)	2/842
21201			MP W	OR OCCITY YES NO 703 KOSTY H	NCHOR
MD.	ATH.	14. F	ATHER'S NAME	IS MOTHER'S MAIDEN NAME FIRST MODEL	LAST
	A GEATT		EHRL K,	POKEES, SR, THELMA PORSES	
BALTIMORE,	PAGE FORM	16a. '	VAS DECEASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES) MADDRESS WAR OR DATES) ADDRESS	Cama
1	SIGHT	2	95 5%.	-54 432-20-261 304 BLOES SILVER.	SP. 111D.
			18. CAUSE OF DEATH (Enter on	ly one couse per line for (a): (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1ST	HAZZZ		PART I DEATH WAS CAUSEI	TE CAUSE (o) DA TUNA CAUSE .	SETTICES ONSET AND BEATT
PRESTON	Z Z Z Z			DUE TO, OR AS A CONSEQUENCE OF	
RES	THE WAR		Conditions, if ony, which gove rise to immediate	1/BP Obesity.	
*	XZ 35Z 2		couse (o) stoting the under-	DUE TO, OR AS A CONSEQUENCE OF	
301 W.	P E E E		lying couse lost.	(c)	
	HOULD BE EXECUTED FOR "PENDING" IN CHEF MEDICAL BUSED AS A BURI OF HEALTH AND AL CREMATION, O		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECORDS,	AED AED AS AN ANTHUMAT	ON			
, K	PEND BE WELL AS	X	19a. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
VITAL	WORD "PEI WORD "PEI HE CHIEF / HE CHIEF / D BE USED ENT OF HE	CERTIFICATION	N - 10.03		YES NO
OF V	MENTE HE BURNER	W.	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	
NO	FICATE WOLD THE WOLD FIGURE	N.	UNDERLYING OR CONTRIBUTING CAUSE OF I		
DIVISION	CERTIING TING 3 SH DEP	MEDICAL	214 INTERVOCCUERED	21e. PLACE OF INJURY (ATHOME, 211. LOCATION	
5	WRIT WARD VARD AGE AGE	Σ	WHILE NOT WHILE DAT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	NTY STATE
	F .> & F E			pe of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opin	
	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE ARYLAND, 2				nion
	RTIF BEC TTH YLAI		death resulted from: Notur	rol couses 2. Accident . Suicide . Homicide . Undetermined monner .	
	MAR WAR		ACTUAL -	DATE	6-30-87
	CAL THE SHO SHO SHO SHO SHO SHO SHO SHO WE, N		SIGNATURE	M.D. MEDICAL EXAMINER SIGNED	1
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTÉR DEATH, WITH THE S BALLMORE, MARYLAND, 2		EXAMINER'S NAME (TYPE OR PRINT)	trthes- ADDRESS 3 Bay STB	elus.
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION, REMOVAL 2		2
	BP	1	BIRIAL 1	6-25-87 CHELTEN NAM VET CHETE AND COUNTY	Dandyes (1)
	DHMH - 17	24. F	JNERAL DIRECTOR	ADDRESS A 25d DAN REQUESTRAR OF THE ARS SK	GNATURE
	(VR A15 ME (5)) 30M 7/73		THERICIN ,	F. HAUDRESS AGERIN SIID.	



	-1.6			(NOW)	N #87	-51		DEPAR	ST TMENT O	ATE OF			HYGIEN	E						
			STATE REGISTRAR				MEI	DICA	LEXAMI	NER'S	CERTIFIC	CATE	OF DEA	TH	REG	No. E	3	5 1	3 1	1
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9	= 7,55	14. F/	ATHER'S NAME					1			15. MOTHE	ER'S MAID								
1	511332 1	1	MILLARD OTHO						BULL			HELEN			MIDDLE	Н	ANSE	SEN LAST		
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1	A SECOND	N	0		_			21	9-07-5	163A	BETTY	LOU	BULI	BA	LTIMO	ORE,	MD	21	227	
15	0 - 0 × A	9	18 CAUSE OF	DEATH	(Enter only S CAUSED	one ca BY:				0.00			F 68					BETWE	ROXIMATE EN ONSET	INTERVAL
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201			lying cou	e last.		((c)													
RDS			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10																	
ECO .	- SASABB	NO	Cirrhosis of liver																	
N. S.	CATE SHOULD HE WORD "PE THE CHIEF A ULD BE USED TO BURIAL.	IFICATION	190 DATE OF	OPERALI	ION]	%. CONDII	TION FOR WHICH OPERATION WAS PERFORMED?									TOPSY?			
OF VII	THE STATE OF THE S	ER	210 EXTERNA	L CAUSE	WAS		16. TIME OF			21c H	OW INJURY	OCCURRE	D IENTER	NATURE OF I	INJURY IN ITEM	M IS PART I	ORPART		s LX	но 🗌
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	SHOULD SHOULD SHOULD SEATH, WILL WARE, MARK	2	SIGNATURE_	1	Ar.	7	-	X			Depu	ty Ch	TET	ICAL EXA	MINER	5	DATE SIGNED.	5-	23-8	/
	AED SECUTE TO THE PROPERTY OF		EXAMINER'S I (TYPE OR PRIN	NAME Z	Ann M	. D:	ixon,	M.D	•		ADDRESS_	111			, Bal	to.,	, MD	2	1201	
	5X 4 5 4 8 _		URIAL CREMAT	ION, REA					NAME OF					CATION	SVILLE	C.	COUNTY	Y	STA	ATE
07/B4 25M	BP		UNERAL DIREC	FOR		5-27	-0/	18	SUDLERS	0 A T T T F					VILLI		105.54	20.10.00	or.	
	DHMH - 17 (VR A15 ME (5))		LLER FU		AL HON	ME,	EAST	NEW	MARKET	, MD	100	JI	JN3	0 198	7 40	A .	corde	7.X	1	5





6 2 0 100 1	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	IENE /	18	5 0	9
• w£		EASED NAME FIRST		MIDDLE		151	June 13	MONTH OA	AY YEAR	2b. HOUR
ay be death	3 SEX	M	ary T4 RACE	Catherin	S. DATE O	Dix	6 AGE (IN YEARS LAST		F UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 m schor, p rs ofter		Female	Black	k	MONTH	t.25,1916	70		ONIHS DAYS	HOURS MIN
oth Po	COL	THPLACE (STATE OR FOREIGN PORTEY)		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY Worcest		OF DEATH	
office de view de	10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HE				120 USUAL OCCUPA	ATION	INDUSTRY	BUSINESS OR
ed in by did be file	USITAL	RESIDENCE (IF NURSING HOME)	DROTHER INSTITUTION	POTHER INSTITUTION, GIVE RESIDENCE BEFORE AND STATE OF TOWN COMOR OF TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN		134 INSIDE CITY LIMITS?	COOK 136 STREET ADDRES	\$ 207	2/3	sing Hom
LAN 2		HER'S NAME	cepter	FOCOMO	Ke	YES NO A		ox 173	4/6	0/
(1)		"John M	a thews	S LAST		TORIS	? MICOLE		LAST	
sofe be the filled in by spacing a part. Plants of parts. Pured in by parts. Pured in by by voil.		AS DECEASED EVER IN U.S. A S. NO GRUNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	218-16-		17 INFORMANT Constance	Parker '	Salisb	ury, Mo	+29 1.21801
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN. The law requires that the death certificate physician. When this certificate has been signed by the attending plass the burial-stransit permit. Then please remove carbon put and Mental Hygiene prior to burial, cremation, ar removed acked at Hem 18 shows any injury, ar other traumatic even	NC	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO C	ES T			AILUR)		
he law re has been to permit. I permit. I ene prior aws any is	CERTIFICATION	90 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
ION OF VITA HYSICIAN, T ading physici his certificate his certificate his certificate Americal transit Americal transit Americal transit and them 18 sh		PIQ ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A	DF INJURY L.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR				
IVISION Offer this of the bury is the bury and Med of the dead of	WE	WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
ATTENDIA spital or CTOR: Af I for use of Health		saw the deceased alive a abave, (1) (controlled the first controlled the controll	n 3 -	2 / 10	7-on	that in Joy (aur) opinian	, ta death accurred an the	date and haur	and from the c	hat Most lost
ALOR / the ha ALDIRE detached of Dept		226. SIGNATURE Enn	i 1	Chadne	chi	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []	22c. DATE	SIGNED
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I IMPORTANT: IF	1	12d. PHYSICIAN'S NAME (TYPE	OR PRINT) F			22e ADDRESS				
PP	23a BU (SPI	RIAL, CREMATION, REMOVA Burial	June	20,1987	IAME OF CE	metery or crematory inity	POCOMOL	ke Word	cester	, Md.
DHMH - 16 50M 7/77 (VR A I 5 (4))	KOL KOL	the E.G. Whan	Ton.	ADORESS ACCO	mac,	/a.23301 250 DU	REC'D BY REGISTRA		AR'S & IGNATU	

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STATE OF MARYLAND

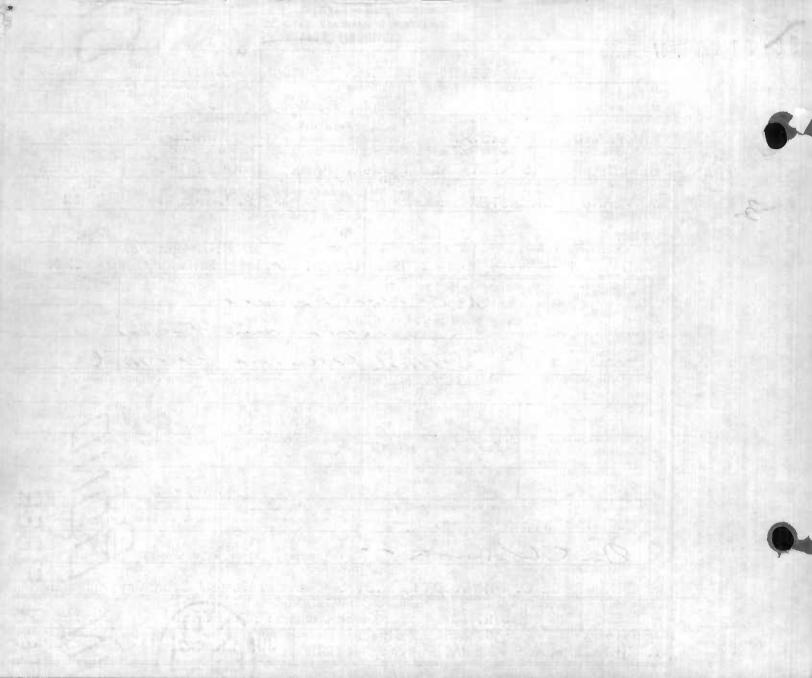
11 1-	1-	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	8 5 1 0
11		CEASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	1	EMMA		CHEL		6/14/87	11:30 A _n
	3 SE)		4 RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS EAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		emale	White	Sep	t. 12, 1903	83 YR	
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) 1ARYLAND	U.S.A.	WIDOWE		WORCESTE	R MD.
湯	В	BERLIN		TRAIL	ER PARK	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	MOTHER
	130. 5	STATE 1136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BETOM UNTY 134. CITY OR TOW RCESTER BERLIN	/N	138 INSIDE CITY LIMITS?	P.O. Box 474	Berlin, MD 21811
200		ATHER'S NAME FIRST	Smallwood Smallwood	od	15. MOTHER'S MAIDEN NAM	AE MIDDLE	Kells
looi		WAS DECEASED EVER IN U.S.		JRITY NO.	17 INFORMANT	P.O.ADBOX	733
med	(1	YES NO OR UNKNOWN) (# YES, (GIVE WAR OR DATES) 214 32	1556	Coastal Hosp	ice Salisbury	
ther traumotic event,		PART I. DEATH WAS CAU	DUE TO, OR AS A CONSEQUI	ENCE OF	CARCINET	est FALL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ny injury, or o	CERTIFICATION		T CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION 200 AUTOPSY? 200. II	FYES, WERE FINDINGS USED
Smo	TIFIC					YES NO	PERTIFYING CAUSES OF DEATH? YES NO NO
9 24 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L	DEATH HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	PED (ENTER NATURE OF INJURY IN ITEM	a 18 PART (OR PART 2)
ked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY	N. I	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mai		220.1 certify that (I) (this has	on		nd that in (my) (our) opinion o	death occurred on the date and	, 19, that (I) (we) last have and from the causes stated
II. If hem		27b. SIGNATURE	Wound		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
AA /		224 PHYSICIAN'S NAME (TYP			22e ADDRESS		
MPORTANI			C. WINNACOTT				oury, MD 21801
7		BURIAL, CREMATION, REMOVA	AL 23b DATE 23c.	NAME OF C	DEEN CEMETER	23d LOCATION	WORCESTER MD
	_	UNERAL DIRECTOR	6/.17/87 E'			REC'D. BY REGISTRAR 256 RE	
4/83	W	. KIRK BURBA				N 1 6 1987	ha Deviden Randage

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coshould be detoched for use as the burial-transit permit. Then please remaye corban popers-Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.



05	24	09	111
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201,	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicio and called in by the funers affector, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbon papers. with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	rjury, or other troumotic event, the medical caminisms of the productions of the production of the pro
DIVISION OF VITAL RECORD	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requestrained by the hospital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the buriol-transit permit. Then please remaye carbon pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Nem 21 is morked or them 18 shows on injury, or other troumotic event, the medical ran

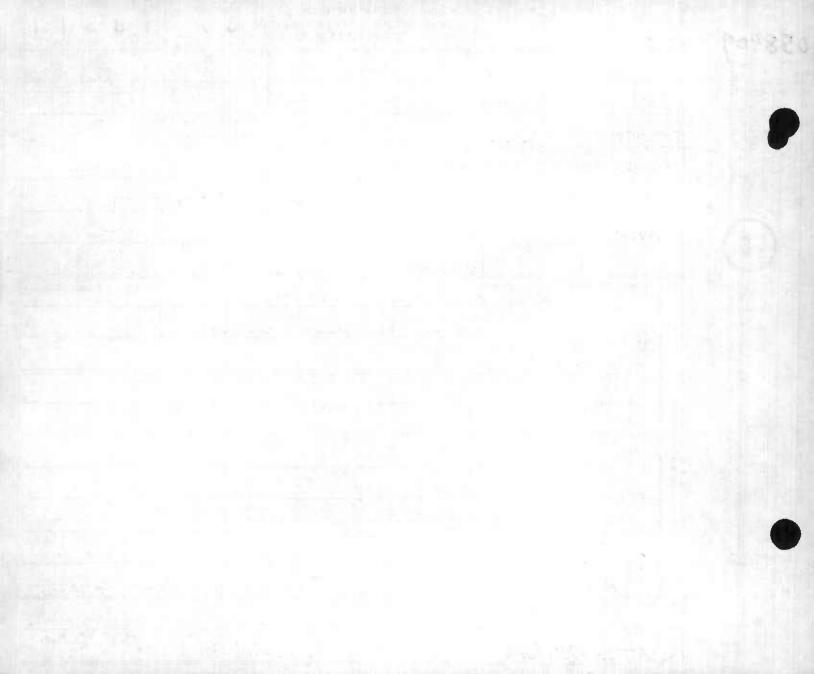
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

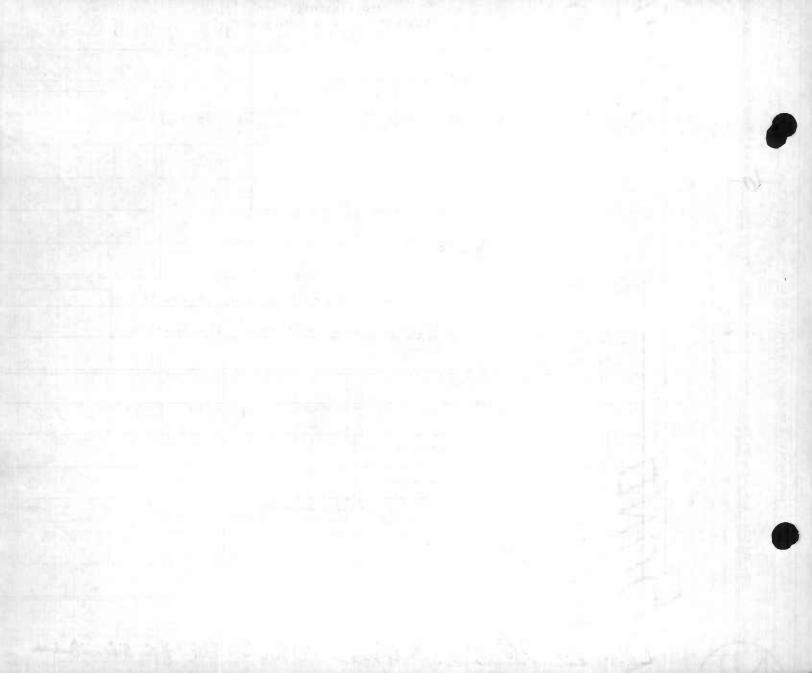
	1 - S	FOR STATE REGISTRAR			DEPART		ICATE OF DEAT		0 /	G. NO.	1	8 5	1	1
-		CEASED NAME	FIRST		MIDDLE		AST	2	0 DATE OF DEAT			YEAR	26 HOUR	
	3 SE)	Evely		W.		Hende Is. DATE O			AGE (IN YEARS LA	06	25	87	9:20	
		na le	1	Caucas	ion	03		12		3) BIKTHDAT	NON	THS DAYS	HOURS	MIN,
1	100	RTHPLACE (STATEORF	OREIGN 71		WHAT COUNTRY?	8		9	75 BALTIMORE CI		UNTY OF	DEATH		
5	(nnsylvania		U.S.A.		MARRIE	D NEVER MARK		Worcest	-				
2		ITY OR TOWN OF DEA		1. NAME OF			OR OTHER INSTITUT	ION I	20 USUAL OCCU	PATION		12b. KIND C	F BUSINES	MD.
		comoke City		Hartle	Y Hall Nu	irsing	Home		TYPE OF WORK FOR M	ost of work		Poult	ry	
5	13a S		Worce	Y	13c CITY OR TOV Stocktor	VN	134 INSIDE CITY L		30.STREET ADDRI		CODE 7	21864		
d.	I4 FA	ATHER'S NAME	AA.	IDDLE	LAST	100	15 MOTHER'S MA	IDEN NAME	MIDE) F		LAS	1	
		illiam			Powel1		Pearl		Evelyn		1	ull		
		VAS DECEASED EVER YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	214-30-7		Maurice	т. 1	Henders	DDRESS 12	210 Sr.	Newto	own A	Apts.
		IS CAUSE OF DEATH	H (Enter only	one couse per	r line for 101, (b), or	nd (c)						APPROX BETWEEN	MATE INTERV	AL EATH
		PART I. DEATH W	IMMEDIATE	CAUSE (o)	RESPIRA	STORT	ARRE	57						
		Q		DUE TO, O	R AS A CONSEOU	ENCE OF								
		Conditions, if ony,		(b)_	PRIMAR	Y 13	ILIARY	CIR	RHOSI	5				
		cause (a), stating	g the	1	R AS A CONSEQU	JENCE OF								
	Z	PART 2 OTHER SIGN	HIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR	ONDITIO	n Given	IN PART 1	0	
7	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?			VERE FINDING CAUSES		
	TIFE								YES NO	_ '	YES [_	NO [
7		210, ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	'	OF INJURY .M. MONTH D .M.	AY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF	INJURY IN ITI	EM 18 PART	OR PART 2)	-8	
	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE	OF INJURY REET, FACTORY OFFICE.		21f LOCATION STREET		ÇIİY	OR TOWN		COUNTY	\$17	LITE
		220.1 certify that					JAN 19	87	_ to	6/25		47	that (I) (w	e) lost
		sow the decease above, () (we) (d	d olive on	yew the body	NE 24 19 S	, 01	nd that in (m) (our)	opinion dec	oth occurred on th	ne date on	d hour or	nd from the	couses stat	ed
		22b. SIGNATURE		THE POOL	Olici deolii.		DEGREE					22c DATE	SIGNED	
1		Foliage	tal	<u>e</u>		1	PHYS	ICIAN 1	MEDICAL DIRECTOR PH	STAFF YSICIAN [6/2	6/4)
		22d PHYSICIAN'S NA					22e ADDRESS	-1						
			BER		LLE		1 5/	BTHS		cons	KE	20.	218	57
	- 1	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREM		23d LOCATION	-		OUNTY	STA	ME
	_	Burial		6/28	/8/ F:	ırst	Baptist	Cem .				ccest		ld.
	C	NAME	mil	1000	POCOMO	ko Ci	ty, Md.	HIN	30 1987	Ju	ha D	(sides)	Kandal	6
		100	1140	C-6-	T OCOMO	VC CT	cy, Plu.	0011	0 0 1001					

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							E OF MARYLAND						
622 JUL -8	17-	FOR STATE REGISTRAR			DEPARTI	CERTII	EALTH AND MENTA ICATE OF DEATH		NE REG. NO		8 5	1 2	
		CEASED NAME	FIRST		MIDDLE		AST	2	o. DATE OF DEATH		DAY YEAR	2b. HOUR	
may be page 3 ter death		Ka	athle	en	E.	Ly	nch		Ju	me 2	9 1987	9P.M. M	
1 -	3. SE)	(N. V.	4 RACE		5. DATE O	DAY YEA	40	AGE (IN YEARS LAST BIRTH	HDAY)	IF UNDER 1 YEAR	HOURS MIN	
rs of	Fen	nale	Table	White		July	17 191	9	67	YRS			
PO 10/	7a. BII	RTHPLACE ISTATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	D 0 9	BALTIMORE CITY OF	R COUNT	Y OF DEATH		
756		elaware		USA		WIDOW		Morcester Worcester			r MD		
00		TY OR TOWN OF DEA	ATH	US Rt	HOSPITAL, NURSING PACILITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTIO	ON II	TYPE OF WORK FOR MOST OF HOMEMAKET	ON WORKING L	IPE) INDUSTRY	OF BUSINESS OR	
onld be a	130 S	AL RESIDENCE)# NURS	NG HOME OR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE VIY 134 CITY OR TOW ester Showell		E ADMISSION)	YES NO A		I3e. STREET ADDRESS US Rt. 113		21	1862	
220	14. FA	THER'S NAME FIRST Harry	^	P.	Huds	on	15 MOTHER'S MAID		WIDDLE		Da	isey	
20 10		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	- 0	ADDRE	SS	200		
Page medi	(Y	es, no or unknown)	(IF YES, GIVE	WAR OR DATES)	221-05-3	088	Linda Tina	gle.	Berlin, Ma	rvla	nd		
2 2		18 CAUSE OF DEAT	M (Enter and	1				0-01		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		KIMATE INTERVAL LONSET AND DEATH	
Then please regrave con the buriol, cremditation injury, or other traumation	NOI	Conditions, if ony, gove rise to imm couse 101, statin underlying cause	nediate ig the lost.	(b) DUE TO, O	R AS A CONSEQUI	ENCE OF	NOT RELATED TO TH	E TERMIN	P Who tru	UTION G	IVEN IN PART 1	(o)	
hos be	CERTIFICAT	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT	S, WERE FINDS		
in that the		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	TH HOUR A.	DE INJURY .M. MONTH D. .M.	AY YEAR	21c HOW INJURY C	OCCURRED) JENTER NATURE OF INJUR	Y IN ITEM 18.	PART 1 OR PART 2)		
h and Me	MEDICAL	21d INJURY OCCUR!	RED HILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, 1	ARM, ETC.)	.2)1 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE	
of Health	18	220.1 certify that (1) saw the decease obave, (1) (we) (c	d olive an		29 19	87	nd that in (my) (our) a	86 pinion dec	ath occurred an the do	29 ite and ha	ur and from the	that (I) (we) lost causes stoted	
RAL DIREC detoched nate Dept 4T. If Nem	C	22h SIGNATURE	T.	Show			DEGREE ATTEND PHYSIC	DING A	MEDICAL STAF DIRECTOR PHYSIC		22c. DATI	SIGNED	
to FUNERAL (should be deto with the State I MAPORTANT II	T	22d. PHYSICIAN'S NA	AME (TYPE OF	R PRINT)			??e. ADDRESS				•		
2413	23a B	urial, cremation, specify) Bur		July 2			emetery or crematille Cemet	ery	Bishopvil				
-16 60M 1/73 RA 15 (4))	14.50	Hailes	WI	Harly	ADDRES Se	llys	M R. O	UL C	6 1987		TRARESIGNA Tordon-X		



DHMH - 16 60M 7/84 (VRA 15, 4)

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236. DATE

6/6/87

J.G. Santian o MD

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Pocomoke City, Md.

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

23d LOCATION

100 Eighth St.

First Baptist Cem. | Pocomoke

Worcester Md.

22c DATE SIGNED

COUNTY

Pocomoke. Md.

YEAR

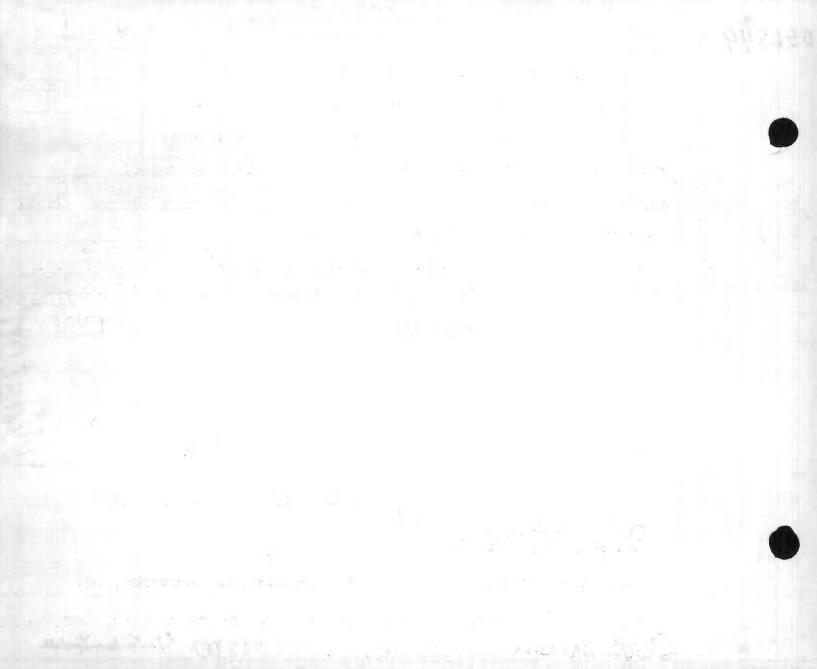
DAYS

2h HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

21851

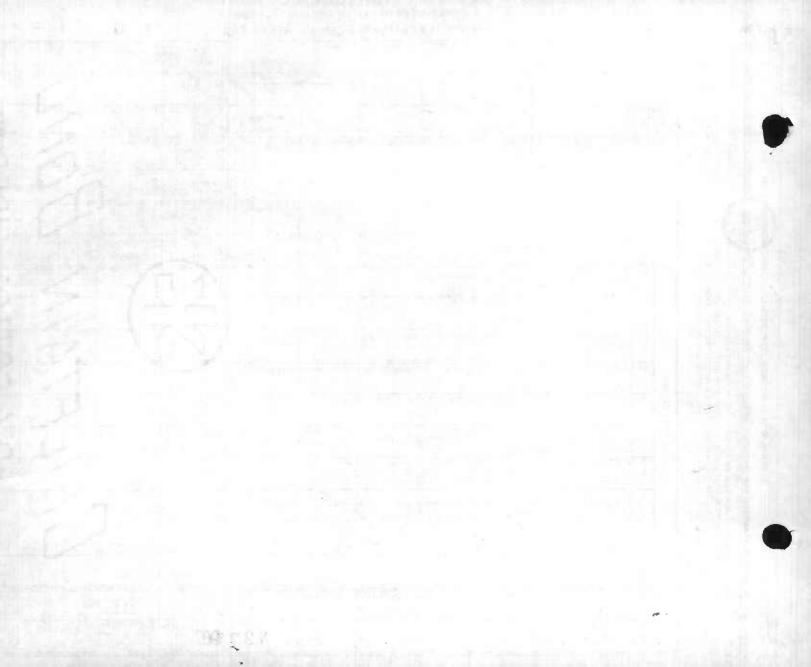


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN TO THE FUNERAL DIRECTOR.

4 PAGE 5 FOR YOUR FILES.

BE FILED, WITHIN 72 HOURS

58/201 M. PRESTON STREET, DEATH MATED **GEORGE** 6-13-8719 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 61 YRS 5-30-26 6-13-87 19 Male White 4:35P 76. CITIZEN OF WHAT COUNTRY? JA BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED USA WIDOWED Worcester County IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Excel Main-Janitorial Peninsula General Health Service Ocean City | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 2560 Honeysuckle Lane 13h COUNTY 13c. CITY OR TOWN Lancaster Lancaster A FATHER'S NAME IS MOTHER'S MAIDEN NAME Reed Beck Emma Samuel Reed 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h. SOCIAL SECURITY NO. Lancaster, PA 17603 Marie W. Reed, 2560 Honeysuckle Lane 202-16-8479 II. P. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? E 3 SHOULD BE USET DEPARTMENT OF H VPRIOR TO BURIAL YES 😿 NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AOR pedestrian struck by an auto CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY (AT HOME. TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR, PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYTAND, 2120 VP 3rd Street and Philadelphia Ave., Ocean City WHILE AT WORK street ond in my opinion Maryland 22a I certify that I took charge of the redeath resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL 6-14-87 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John E. Smialek, M.D. 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Millersville, PA 6-17-87 Millersville Mennonite Geme. Burial-6-17-87 07 84 ' BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR EST REGISTRAR'S SIGNATURE E. Johnson, 8521 Loch Raven Blvd. Baltimore, MDIN 27



by the funeral director, page 3 filed within 72 hours after death

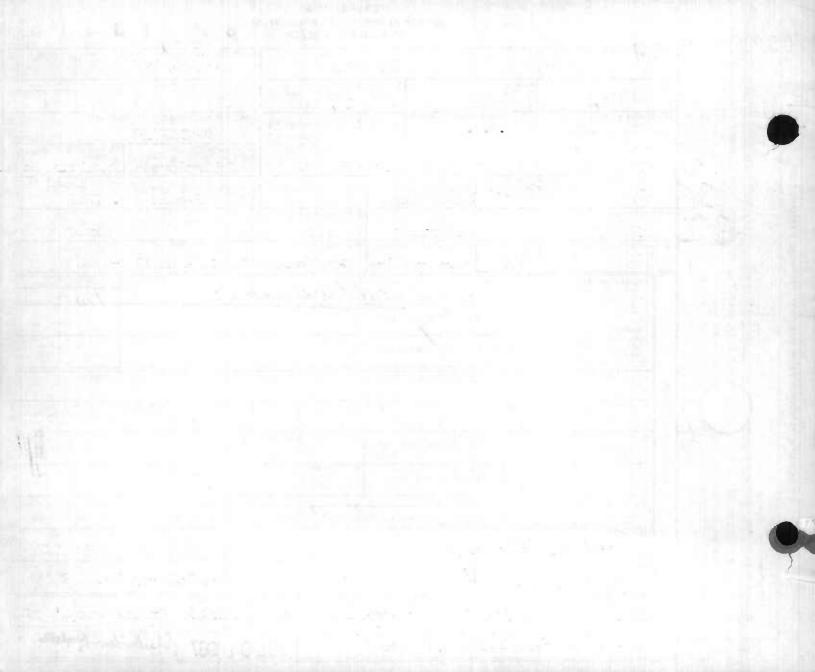
STATE OF MARYLAND

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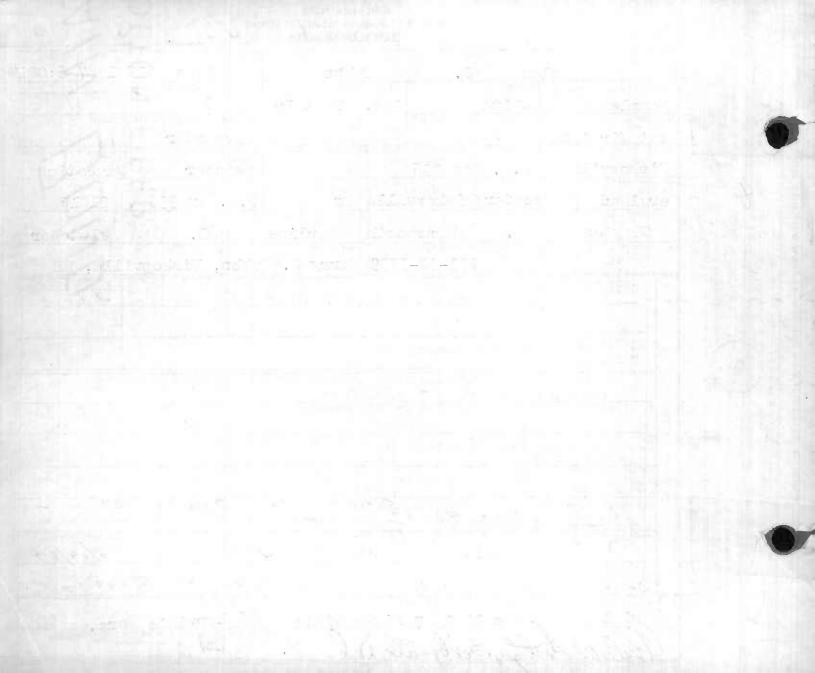
1 -	FOR - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. N	10.	8 5	1 5
1. DE	CEASED NAME EOR PRINT)	rthur		MIDDLE		eville	June 2:		Y YEAR	26 HOUR
3. SE	Male		RACE Whit		5 DATE C		6. AGE (IN YEARS LAST BII	YRS	UNDER I YEAR	HUNDER 24 HRS HOURS MIN.
Net	RTHPLACE (STATE OR FO	401	U.S.A		WIDOWE		9 BALTIMORE CITY O	ESTER		MD
C	OCEAN CITY	1	AT HO	ME - 83R	D STF	REET	Self Empl	OF WORKING LIFE)	Furni	f BUSINESS OR ture Rep
13M	2	13 VOLCE		13c. CITY OR TOW Ocean Ci	N	13d, INSIDE CITY LIMITS? YES X NO	130.STREET ADDRESS 8203 Atlan	ZIP CODE		1842
1	ATHER'S NAME FIRST FMILO	MID		Sennevil		Emma Emma	WIODIE		Fort	in
	WAS DECEASED EVER II YES, NO OR UNKNOWN) NO	I IF YES, GIVE W		166 SOCIAL SECU 002-03-1		Fern Sennev	ille Same	as 13 <i>I</i>		
	18 CAUSE OF DEATH PART I. DEATH WA Conditions, if any, gave rise to imme cause (a), stating underlying cause	AS CAUSED E IMMEDIATE (which ediote	DUE TO, O	0- 1	a sea	l Carcuno	ma		BETWEEN C	MATE INTERVAL INSET AND DEATH
ATION	PART 2 OTHER SIGN			X HOLES		NOT RELATED TO THE TERM N WAS PERFORMED	IN AL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	IGS USED
L CERTIFICATION	210. ACCIDENT WAS UNDE		21b. TIME C HOUR A.		AY YEAR	21¢ HOW INJURY OCCURR	YES NO	YES		NO [
MEDICAL	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRE WHILE NOT WHILE AT WORK	ED	P. 21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC)	211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	220-1 certify that (1) (saw the decease above, (1) (we) (di	d alive an did (did not) v	leu			. 19 nd that in (my) (aur) opinion of DEGRÉE ATTENDING PHYSICIAN 2 220. ADDRESS 560 Riversid	MEDICAL STA DIRECTOR PHYSI	AFF CIAN 🗌	22c DATE 6/24	SIGNED 1/1987
В	BURIAL CREMATION, R SUPERIAL UNERAL DIRECTOR 63 Lee Funer		236 DATE 06/26/ Alexa	87 Re	surre	ction Cemeter 20735 25a DAT	y Clinton E REC'D. BY REGISTRAN	The REGISTRA	ARS SIGNA	ge's'^MD
	Lee's Funer	al Hor	ne - Cl	linton, Ma	ryland	JUI	0 1 1987	Julia Dan	rdoon-N	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN K (TYPE OR PRINT) ESTI-20/19 87 Kenneth W. Whitehead DEATH MATED 6/ 4 RACE & AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 20/19 87 DEAD male Jan.10,1970 white To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Marykand USA Worcester County, WIDOWED ... DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) Suicide Pond Pocomoke City mechanic USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES Maryland Worcester Pocomoke 407 Dudley 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Anthony Whitehead Victoria D. Hope 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 1002 5th Street 166 SOCIAL SECURITY NO DIVISION 1 (IF YES GIVE WAR OR DATES) 221-62-3681 Anthony D. Whitehead Pocomoke 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (0). EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN IT PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALC TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PREPARENCE OR THE WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HYGI SHOOK, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOV. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 2(a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KK MONTH DAY YEAR UNDERLYING TO OR subject drowned 6/ 20/1087 CONTRIBUTING CAUSE OF DEATH 6: 30P.M 210 PLACE OF INJURY TATHOME. 21L LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.)
Water Suicide Pond, Pocomoke City, Worcester Co., Md Autapsy X 27s. I certify that I took that are the remains described above held on Inquiry and in my opinion death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 6/21/87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. (TYPE OR PRINT) 111 Penn St 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION FirstxBaptist Cem. Burial Pocomoke Worcester Md. 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Pocomoke City, Md.

